

Born in Cleveland

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Telephone No. _____ Address 2834 DALE AVE.
COLUMBUS, 9, OHIO Zone No. _____
Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

no. 13073

Entry blanks must be filled out and returned to the Museum on or before April 6, those postmarked later than April 6 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 10 to April 17 (except Sunday).

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